



CUSTOMER NO.: 24498
Serial No. 10/521,385

PATENT
PA020012

1Rw

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Frank Dumont et al.
Serial No. : 10/521,385
Filed : January 18, 2005
For : VIDEO APPARATUS
Examiner : Brian P. Yenke
Art Unit : 2622

INFORMATION DISCLOSURE STATEMENT

- ☐ 1 Pursuant to 37 CFR 1.97(b)
[within 3 months of filing or prior to 1st Office Action]
☒ 2 Pursuant to 37 CFR 1.97(c)
[before Final Office Action or Allowance]
☐ 3 Pursuant to 37 CFR 1.97(d)
[after Final Office Action or Allowance, but prior to payment of issue fee]

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The following are submitted in the above-identified application in compliance with 37 CFR 1.97 & 1.98:

- ☒ 4 A list of documents on form PTO/SB08a and/or PTO/SB08b together with copies of each identified document and a translation or a concise explanation of each non-English language document is enclosed herewith.

This paper is submitted in accordance with:

- ☐ 5 37 CFR 1.97(b): [within 3 months of filing or prior to 1st Office Action]
☒ 6 37 CFR 1.97(c): [before Final Office Action or Allowance, whichever is earlier]; and
☐ (a) The required certification made in item 8(a) below; **OR**
☒ (b) The \$180.00 fee specified in 37 CFR 1.17(p) for submission of this Information Disclosure Statement is authorized in item 9 below.
☐ 7 37 CFR 1.97(d): [after Final Office Action or Allowance, but prior to payment of issue fee]; and
☐ (a) The required certification made in item 8(a) below; **AND**
☐ (b) The \$180.00 fee specified in 37 CFR 1.17(p) for submission of this Information Disclosure Statement is authorized in item 9 below.

10/31/2008 EEKUBAY1 00000006 070832 10521385

01 FC:1806 180.00 DA

☐ 8 Certification

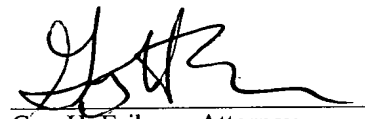
- ☐ (a) Each item of information contained in this Statement was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this Statement; or
- ☐ (b) No item of information contained in this Statement was cited in a communication from a foreign patent office in a counterpart foreign application and, to the knowledge of the person signing this document after making reasonable inquiry, was known to any individual designated in 37 CFR 1.56(c) more than three (3) months prior to the filing of this Statement.

- ☒ 9 Please charge the applicable fees associated with the submittal of this Information Disclosure Statement to Deposit Account No. 07-0832. An original and one (1) copy of this document is enclosed.

Respectfully submitted,

FRANK DUMONT ET AL.

BY:


Guy H. Eriksen, Attorney
Registration No. 41,736
(609) 734-6807

GHE:pdf

Thomson Licensing LLC
Patent Operations
P. O. Box 5312
Princeton, New Jersey 08543-5312

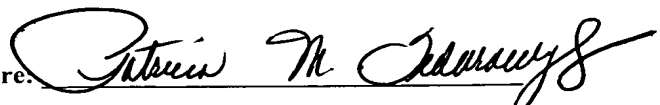
October 28, 2008

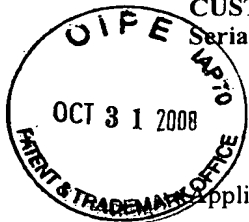
Enclosures

Certificate Of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in a postage-paid envelope addressed to: Mail Stop AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below:

Date: October 29, 2008

Signature: 
Patricia M. Fedorowycz



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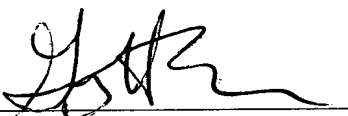
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October 28, 2008

Enclosures

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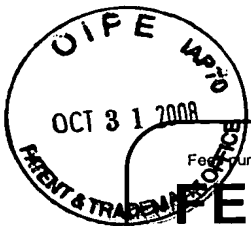
Date:

October 29, 2008

Signature:



Patricia M. Fedorowycz



Filed pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FREE TRANSMITTAL

for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

\$180.00

Complete if Known

Application Number 10/521,385

Filing Date January 18, 2005

First Named Inventor Frank Dumont

Examiner Name Brian P. Yenke

Art Unit 2622

Attorney Docket No. PA020012

METHOD OF PAYMENT (check all that apply)

CUSTOMER NUMBER: 24498

☐ Check ☐ Credit card ☐ Money Order

☐ None

☐ Other (please identify):

☒ Deposit Account: Deposit Account Number 07-0832

Deposit Account Name: THOMSON LICENSING LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

- 20 or HP = x =

HP = highest number of total claims paid for, if greater than 20.

Independent Claims Extra Claims Fee (\$) Fee Paid (\$)

- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): INFORMATION DISCLOSURE STATEMENT FEE: \$180.00

Fees Paid (\$)

\$180.00

SUBMITTED BY

Name (Print/Type)

GUY H. ERIKSEN

Registration No.
(Attorney/Agent)

41,736

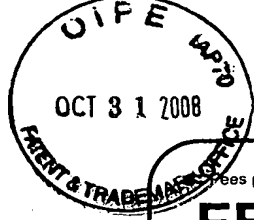
Telephone

(609) 734-6807

Signature

October 28, 2008

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **\$180.00**

Complete if Known

Application Number	10/521,385
Filing Date	January 18, 2005
First Named Inventor	Frank Dumont
Examiner Name	Brian P. Yenke
Art Unit	2622
Attorney Docket No.	PA020012

METHOD OF PAYMENT (check all that apply)

CUSTOMER NUMBER: **24498**

☐ Check ☐ Credit card ☐ Money Order

☐ None

☐ Other (please identify):

☒ Deposit Account: Deposit Account Number **07-0832**

Deposit Account Name:

THOMSON LICENSING LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity	
Fee (\$)	Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 20 or HP =

x

=

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims

Fee (\$) **Fee Paid (\$)**

Independent Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- 3 or HP =

x

=

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Other (e.g., late filing surcharge): **INFORMATION DISCLOSURE STATEMENT FEE: \$180.00**

Fees Paid (\$)

\$180.00

SUBMITTED BY

Name (Print/Type)	GUY H. ERIKSEN	Registration No. (Attorney/Agent)	41,736	Telephone	(609) 734-6807
Signature					October 28, 2008

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